| Name | | |
|-------------------------|--------|----------|
| Address | | |
| City | State | Zip Code |
| Phone Number PETITIONER | PRO SE | |

MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT RAVALLI COUNTY

| In re the Marriage of: | |
|------------------------|---|
| an re the manninge on | Cause No.: |
| | Department No |
| Petitioner, | |
| and | |
| | PETITIONER'S PRELIMINARY |
| Respondent. | DECLARATION OF DISCLOSURE OF ASSETS, DEBTS, INCOME, |
| Respondent. | AND EXPENSES |
| | |

**WARNING: Montana law requires the full disclosure of all assets, debts, income and expenses. Failure of either party to file a complete financial disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any deliberately false statement made hereon or on any schedules or attachments may subject you to the penalty of perjury or other appropriate relief and may be considered a fraud upon the Court.

If you need additional space on which to list your assets, debts, income or expenses, please attach additional sheets of paper as necessary. Do not write in the margins or on the reverse sides of the pages of this document.

IT IS MANDATORY TO SEND THIS DOCUMENT TO THE OTHER PARTY. IT IS OPTIONAL TO FILE THIS DOCUMENT WITH THE COURT. IF YOU PREFER TO HAVE THIS DOCUMENT IN THE COURT RECORD, FILE IT WITH THE CLERK OF COURT. IF YOU DO NOT FILE THIS DOCUMENT WITH THE CLERK OF COURT, FILE A "NOTICE OF SERVICE OF PRELIMINARY DECLARATION OF DISCLOSURE."

DISCLOSURE OF ASSETS

| REAL ESTATE | Estimated Value | Name(s) on Title |
|---|-----------------|------------------|
| Address: Legal Desc: | | |
| Secured Debt: Yes / No Amount: Lender: | | |
| Address: Legal Desc: | | |
| Secured Debt: Yes / No Amount: Lender: | | |

| VEHICLES / RECREATIONAL VEHICLES | Estimated Value | Name(s) on Title |
|----------------------------------|-----------------|------------------|
| Year/Make/Model: | | |

| BANK ACCOUNTS / CASH | Balance as of | Nam | e(s) on Account | |
|--|------------------------|-----|--------------------|--|
| Name of Bank:Account #CheckingCert of Dep. | | | | |
| Name of Bank:Account #CheckingCert of Dep. | | | | |
| Name of Bank: Account # SavingsCheckingCert of Dep. | | | | |
| Name of Bank: Account # SavingsCheckingCert of Dep. | | | | |
| | • | I | | |
| PENSIONS, RETIREMENT, LIFE INSURANCE, STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS | Balance as of | Nam | e(s) on Account | |
| Description: | | | | |
| Description: | | | | |
| Description: | | | | |
| <u>'</u> | | | | |
| PERSONAL PROPERTY (including appliances, fuguns, etc.) | rniture, jewelry, art, | | Estimated Value | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

| PERSONAL PROPERTY, continued | Est. Value |
|--|------------|
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| | |
| | <u> </u> |
| BUSINESS INTERESTS (including equipment, tools, livestock, etc.) | Est.Value |
| | |
| | |
| | |
| | |
| | |
| | |
| OTHER ASSETS | Est.Value |
| | |
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| | |

DISCLOSURE OF DEBTS

Any mortgages or secured debts should be listed with the real estate above. Any vehicle loans should be listed with the vehicles above.

(List amounts owing for credit cards, utility bills, medical expenses, etc.)

| Creditor | Description | Amount | Name on Debt |
|----------|-------------|--------|--------------|
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DISCLOSURE OF INCOME [] WIFE [] HUSBAND

| Source of Income | Amt/Month | Source of Income | Amt/Month |
|-----------------------------|-----------|----------------------|-----------|
| Wages, Salary, Commissions | | Food Stamps | |
| Rents, Interests, Dividends | | Pension, Retirement | |
| Self Employment Earnings | | Child Support | |
| Unemployment / Wk. Comp. | | Dependent's Benefits | |
| Soc. Sec. Benefits / SSI | | Other: | |
| Public Assistance | | | |
| | | | |
| | | | |
| | | | |

DISCLOSURE OF EXPENSES [] WIFE [] HUSBAND

| Description of Expense | Amt/Month | Description of Expense Amt/Month | | |
|--|-----------|----------------------------------|--|--|
| Taxes, etc. withheld from income | | Property Insurance | | |
| Retirement | | Transportation | | |
| Health Insurance | | Car Insurance | | |
| Medical Expenses | | Student Loans | | |
| Housing (rent or mortgage) | | Utilities | | |
| Property Taxes | | Telephone | | |
| Clothing | | Food/Household Supplies | | |
| Child Care | | Child Support Payments | | |
| Other: | | | | |
| | | | | |
| | | | | |
| | | | | |
| DATED this day of _ | | , 20 | | |
| Signature of Petitioner <i>Pro se</i> | | | | |
| STATE OF MONTANA) :SS COUNTY OF) SUBSCRIBED AND SWO 20 | | e me this, | | |
| (Seal) Name (printed) Notary Public for the State of Montana Residing at: My Commission Engine | | | | |

My Commission Expires:____

CERTIFICATE OF SERVICE

| I, the undersigned | d, certify that I serve | ed the Preliminary De | claration of Disclosure on the |
|-----------------------|-------------------------|------------------------|--------------------------------|
| following person this | day of | , 20_ | , by: |
| [] depositing | g the same in the U.S | S. Mail with postage p | ore-paid; |
| [] personally | y delivering this doc | ument to the followin | g person. |
| (Insert Name | | | _ |
| and Address) | | | _ |
| _ | | | _ |
| | | | |
| | | Signature of Petition | er <i>Pro se</i> |